

The Kidz Docs

Pediatric & Adolescent Medicine

1451 Belle Haven Road, Suite 110 Alexandria, VA 22307
(703) 765-6093 (703) 765-7761 (fax)
www.TheKidzDocs.com email: patientinfo@thekidzdocs.com

Kidz Docs Medical Records Release Form

Please mail my medical records from The Kidz Docs to the following address:

OR

Please call me at the following phone number when my records are available for pickup

I can be reached at: _____

Please circle one of the reasons for requesting medical records from The Kidz Docs:

1. Transferring to another pediatric office/relocating to another area
2. Personal Use
3. Specialist appointment

Patient's Name(s):

1. _____	DOB _____
2. _____	DOB _____
3. _____	DOB _____
4. _____	DOB _____

There is a fee for obtaining a copy of medical records from this office. The fee structure, based on Virginia state guidelines, is as follows: Total cost for 1 patient's medical record: \$25.00; total cost for 2 patient's medical records: \$30.00; total cost for 3 or more patient's records is \$35.00. **Medical records will be released once the fee is paid.** Medical records will be processed within 2 weeks of completing this form.

Signature _____

Date _____

Relationship to Patient _____